



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY**

07/16/90

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NYD061934824

FACILITY NAME -> JOHN CHATILLON & SONS INC

MAILING ADDRESS -> 83-30 KEW GARDENS RD
KEW GARDENS, NY 11415

INSTALLATION ADDRESS -> 83-30 KEW GARDENS RD
KEW GARDENS, NY 11415

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

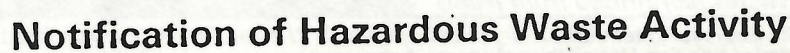
ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: LENT THOMAS MFG MGR
JOHN CHATILLON & SONS INC
83-30 KEW GARDENS RD
KEW GARDENS, NY 11415

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

United States Environmental Protection Agency
Washington, DC 20460

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).



For Official Use Only

Comments

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------------|---|---|---|---|---|---|---|---|---|----------|---|---|--------------------------------|-----|---|--|--|--|---|---|---|---|---|---|--------|
| Installation's EPA ID Number | | | | | | | | | | Approved | | | Date Received (yr. mo. day) | | | | | | | | | | | | |
| C | N | M | D | O | O | 6 | 1 | 9 | 3 | 4 | 8 | 2 | 4 | T/A | C | | | | 9 | 0 | 0 | 6 | 1 | 1 | 08/ |
| F | | | | | | | | | | | | | | | 1 | | | | | | | | | | Quero. |

I. Name of Installation

II. Installation Mailing Address

Street or P.O. Box

| | City or Town | | | | | | | | | | State | Zip Code | | | | | | |
|--------|--------------|---|---|---|---|---|---|---|---|---|-------|----------|---|---|---|---|---|---|
| C 4 | K | e | w | G | a | r | d | e | n | s | | N | Y | 1 | 1 | 4 | 1 | 5 |

III. Location of Installation

Street or Route Number

| | City or Town | | | | | | | | | | | | | | | | State | Zip Code | | | | | | |
|--------|--------------|---|---|---|---|---|---|---|---|---|--|--|--|--|--|--|-------|----------|---|---|---|---|---|---|
| C 6 | K | e | w | G | a | r | d | e | n | s | | | | | | | | N | y | 1 | 1 | 4 | 1 | 5 |

IV. Installation Contact

Name and Title (last, first, and job title)

Phone Number (area code and number) : _____

| | | |
|--------------|--|-----------------------------------|
| V. Ownership | | B. Type of Ownership (enter code) |
|--------------|--|-----------------------------------|

V. Ownership

A. Name of Installation's Legal Owner

B. Type of Ownership (enter code)

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

| | |
|-----------------------------|---------------------------|
| A. Hazardous Waste Activity | B. Used Oil Fuel Activity |
|-----------------------------|---------------------------|

A. Hazardous Waste Activity

B. Used Oil Fuel Activities

VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

☐ A. Utility Boiler☐ B. Industrial Boiler☐ C. Industrial Furnace

VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))

☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other (specify) _____

IX. First or Subsequent Notification

IX. First or Subsequent Notification

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

| First Notification | Subsequent Notification | Subsequent Notification's EPA ID Number |
|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | |

C. Installation's EPA ID Number

EPA Form 8700-12 (Rev. 11-85) Previous edition is obsolete

Continue on reverse

C

T/A

C

W

1

X: Description of Hazardous Wastes (continued from front)**A. Hazardous Wastes from Nonspecific Sources.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

| | | | | | |
|---|---|---|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 |
| | | | | | |
| 7 | 8 | 9 | 10 | 11 | 12 |
| | | | | | |

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

| | | | | | |
|----|----|----|----|----|----|
| 13 | 14 | 15 | 16 | 17 | 18 |
| | | | | | |
| 19 | 20 | 21 | 22 | 23 | 24 |
| | | | | | |
| 25 | 26 | 27 | 28 | 29 | 30 |
| | | | | | |

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

| | | | | | |
|----|----|----|----|----|----|
| 31 | 32 | 33 | 34 | 35 | 36 |
| | | | | | |
| 37 | 38 | 39 | 40 | 41 | 42 |
| | | | | | |
| 43 | 44 | 45 | 46 | 47 | 48 |
| | | | | | |

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

| | | | | | |
|----|----|----|----|----|----|
| 49 | 50 | 51 | 52 | 53 | 54 |
| | | | | | |

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)☒ 1. Ignitable
(D001)☐ 2. Corrosive
(D002)☐ 3. Reactive
(D003)☒ 4. Toxic
(D000)**XI. Certification**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature

Thomas C. Lent

Name and Official Title (type or print)

Thomas C. Lent
Manufacturing Manager

Date Signed

6/8/90